

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021478

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5806

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in lb
6 Daysc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Deaconess HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 6409 Winona (If outside, give location)Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Winifred

Deibel

4. DATE
OF
DEATH

Month

Day

Year

May 31 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jun 29 1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Hardin, Illinois

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Thomas P. Wilkinson

13b. MOTHER'S MAIDEN NAME

Ella Poore

14. NAME OF HUSBAND OR WIFE

Rudolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Rudolph Deibel 6409 Winona Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN
ONSET AND DEATH

6 mo.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of Left Breast

9 years

DUE TO (c)

170x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1959

to

1963

and last saw her alive on

31 May 63

Death occurred at

945 AM

on the date stated above, and to the best of my knowledge, from the cause stated.

22a. SIGNATURE

(Degree or title)

Arch M. Ahern M.D.

22b. ADDRESS

3915 Watson Road

22c. DATE SIGNED

1 June 1963

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

Jun 3 1963

23c. NAME OF CEMETERY OR CREMATORY

St Pauls Churchyard

23d. LOCATION (City, town, or county)

St. Louis Co. Mo

24. FUNERAL DIRECTOR

ADDRESS

Hoffmeister Colonial Mortuary

Am

25. DATE RECD. BY LOCAL REG.

JUN 1 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

1
2 2/4
3
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12 58-0
13

58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Bill C. Branson*

Licensed Embalmer No. *4768*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr Ahern 3915 Watson Sat 9-6